

# RELATIVE CAREGIVER HOME STUDY OUTLINE

Michigan Department of Human Services

Case :#
Case Name:
Worker Load #:
Worker Name:
POS Agency:
Date Child Entered Care:

**Children's Name and Ages(s):**

1. Name of Caregiver(s):  
Address:  
Phone Number:

2. Household Members (HHM):

NAME:	DOB	SS#*	RELATIONSHIP TO CHILD	ID CONFIRMED
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**Describe the family connection which make up the relation.**

["Click Here and Type"](#)

\* Social Security Numbers must be redacted from all written reports (see policy CFF 722-3)

3. Dates of contact with household members, including on-site visit:

DATE	TYPE OF CONTACT
<a href="#" style="color: red;">"Click Here and Type"</a>	<a href="#" style="color: red;">"Click Here and Type"</a>

4. Date Home Study Completed:

5. Date of Criminal History Check:

Results of Criminal History Check:

☐ **N/A: No Criminal History**

- a. If there is a criminal history, is the conviction for child abuse/neglect, spousal abuse, a crime against children (including pornography) or crime involving violence, rape, sexual assault or homicide but not including other physical assaults or battery?
  - ☐ Yes: **Placement is prohibited;** Document reason and rationale for denying the placement.
  - ☐ No: List all other offenses. Describe the length of time since the offense, any services completed that rectified the situation, and any threatened risk of injury or harm to the child placement.  
["Click Here and Type"](#)
- b. Address any risk factors that might impact the safety of the child and describe what protective interventions are in place currently.

6. Date of Central Registry Check:

Results of Central Registry Check:

- a. If there is a history of abuse or neglect, describe the length of time since the substantiation and any services that have been provided to rectify the problem(s).
- b. Address any risk factors that might impact the safety of the child and describe what protective interventions are in place currently.

7. Date discussion held with relative regarding licensure: \_\_\_\_\_

- ☐ Relative is interested in pursuing licensure. The relative has been referred to a certification worker.
- ☐ Relative is not interested in pursuing licensure and a waiver has been signed.

8. Caregiver(s) Relationship Status:

Is the caregiver involved in a relationship?

Describe the relationship?

Is that person living in the home?

Have there been any incidents of domestic violence in the relationship?

Is there a history of domestic violence for the caregiver or any other household member? Describe.

9. Substance Abuse:  
Does the caregiver or any HHM have a substance abuse or alcohol problem?
- Is there a history of substance abuse or alcohol problems or treatment for any household member?
10. Mental Health:  
Describe and evaluate the current mental and emotional health of the caregiver(s) and household members. Is there a history of mental health problems or treatment for the caregiver or any household member including marriage counseling for the children? Include current prescriptions for psychotropic medications.
11. Physical Health:  
Describe the caretaker(s) physical health. If physical health condition is noted, describe how condition would affect the care of the child(ren) in the home.
12. Financial/Employment Status:  
List all sources of income for the household. Are they adequate to meet the needs of the placement? If income is based on disability, i.e., SSI, Social Security Disability, long term disability payments from a job, workmen's compensation, etc., there must be an assessment of how that impacts the ability to care for the child.
13. Day Care and Supervision:  
Discuss the caregiver(s) plans for day care if necessary.
- What arrangements would be made for alternative care for the child if the caregiver is unavailable?
14. Sleeping Arrangements:  
Describe and view the sleeping arrangements for the child.
15. Motivation for placement of the child(ren):  
Attitude of each member of the household toward accepting the child(ren). Attitudes towards the birth parent(s).
16. The capacity for and willingness to support the case plan for the child(ren) in their care:  
Discuss the family's capacity and willingness to cooperate with the supervising agency, the school system, child's therapist, the parenting time plan outlined in the treatment plan, etc. Address the caregiver's ability to protect the child(ren) from further harm.
17. Family's willingness to work with the child's birth family:  
Does the family agree that they will not allow the child(ren)'s parent(s) to live in their home without the agency's approval? Do they agree to not release the child to anyone, including birth parents, without the supervising agency's approval?
18. Family methods of behavior management and discipline of children:  
Is the family willing to follow the supervising agency's discipline policy? Discuss family's method of behavior management.
19. Discuss the family's capacity for parenting relative to the child(ren)'s age and developmental needs. Describe their capacity and disposition to give the child guidance, love, and affection.
20. Is the caregiver committed to provide a stable living environment for the duration of placement? Describe the caregiver's ability to provide permanence if necessary.
21. Conclusion:  
Based on information gathered summarize the family's functioning as it applies to their capacity to care for the child(ren).
22. Recommendation:  
Placement with caregiver is Approved/Denied. If the relative is pursuing licensure, indicate if licensure would be recommended & explain what is needed to complete the licensing process.

Foster Care Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Foster Care Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

cc: Case File  
Court  
Parent(s) – See policy. Redact Central Registry and LEIN information.  
Relative